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DECLARATION FOR UTILITY OR DESIGN		Attorney Docket Number	C 2666 PCT/US
		First Named Inventor	Wanderson BUENO DE ALMEIDA
COMPLETE IF KNOWN			
PATENT APPLICATION		Application Number	
(37 CFR 1.63)		Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing		Art Unit	
With Initial Filing		Examiner Name	
Filing (surcharge (37 CFR 1.16 (e)) required)			

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe I the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PLASTICIZER COMPOSITIONS FOR NITROCELLULOSE BASED RESINS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) 12/06/2002 as United States Application Number or PCT International

Application Number PCT/BR2002/000176 and was amended on (MM/DD/YYYY)                    (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No

Additional foreign application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto.

(Page 1 of 3)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>23657</u> <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Wanderson</u>		Family Name or Surname <u>BUENO DE ALMEIDA</u>		
Inventor's Signature		Date		
Residence: City <u>São José dos Campos</u>	State _____	Country <u>Brazil</u>	Citizenship <u>Brazilian</u>	
BRX				
Mailing Address <u>Rua República do Libano, 314, Apto. 22, Jardim Osvaldo Cruz</u>				
City <u>CEP-12216-590 São José dos Campos SP</u>		State _____	Zip _____	Country <u>Brazil</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Katia</u>		Family Name or Surname <u>BRAGA</u>		
Inventor's Signature			Date	
Residence: City <u>São José dos Campos</u>		State _____	Country <u>Brazil</u>	Citizenship <u>Brazilian</u>
Mailing Address <u>Rua Guido Zecca, 38, Esplanada do Sol</u>				
City <u>CEP-12244-680 São José dos Campos, SP</u>		State _____	Zip _____	Country <u>Brazil</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto				

C 2666 PCT/US

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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**Supplemental Sheet**

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Henrique Jorge</u>		<u>SOUSA SALES</u>	
Inventor's Signature		Date	
Residence: City	São José dos Campos	State	Country Brazil <i>BRQ</i>
Citizenship Brazilian			
Mailing Address Avenida Dr. João Batista de Queiroz Jr., 2361, Apto. 74, Jardim das Indústrias			
Mailing Address			
City CEP-12240-000 São José dos Campos, SP	State	Zip	Country Brazil
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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